

Exhibit A

WELLS
FARGO**Wells Fargo Insurance Services of Oregon, Inc.**

Fax Transmittal Sheet

1231-A SE Bay Boulevard
P.O. Box 1610
Newport, OR 97365
541.265.4500 / 800.451.9850
541.265.4262 Fax

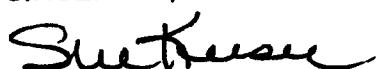
To:	BUD WALSH	From:	SUE KEESEE
Date:	August 21, 2007	Time:	8:31 AM
Location:	RE: F/V POINT LOMA FISHING CO. INC F/V "POINT LOMA"		
Fax Number:	415 276 6599	Number of Pages:	3 (Including Cover Page)

Comments: DEAR MR. WALSH:

TO FOLLOW ARE COPIES OF THE DEC SHEETS FOR THE INSURANCE ON THE F/V
"POINT LOMA". THE ACCOUNT IS PAID IN FULL.

PLEASE LET ME KNOW IF YOU NEED ANYTHING MORE.

SINCERELY,



SUE KEESEE

Confidentiality Notice: The information contained in this facsimile message, and in any accompanying documents, constitutes confidential information belonging to Wells Fargo Insurance Services and is intended only for the use of the individual or entity named above. If you are not the intended recipient of this communication, you are hereby notified that any dissemination, disclosure, copying, or the taking of any action in reliance on this communication, is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the address above via the U.S. Postal Service.

If you do not receive the entire fax, please contact the sender immediately.

Acordia of Oregon, Inc.

P.O. Box 1610 * Newport, Oregon 97365 * 1-800-451-9850 * Fax (541) 265-4262
1213-A S.E. Bay Boulevard, Newport, Oregon 97365

POLICY NO. YA-06260

POLICY OF INSURANCE

(Combined Companies Form)

In consideration of the premium as hereinafter stated, the various companies named herein, severally but not jointly, do hereby insure the assured named herein, for the amounts and proportions, set opposite their respective names. All subject to the terms and conditions of the forms and endorsements attached herein:

Assured:

**F/V POINT LOMA FISHING CO., INC.
C/O OLD POINT FISHERIES
P.O. BOX 40
AVILA BEACH, CA. 93242**

For account of:

THEMSELVES

Loss, if any, payable to:

ASSURED OR ORDER

Total amount insured: (100%) **\$250,000 H&M/\$1,000,000 P&I**

Interest: **HULL & MACHINERY AND PROTECTION & INDEMNITY**

Vessel(s):

“POINT LOMA”

At and From:

**DECEMBER 23, 2006 Noon, Local Time to
DECEMBER 23, 2007, Noon, Local Time**

Conditions: (as per form and endorsement attached) TRADING & LAY UP
WARRANTY; FISHING VESSEL CLAUSES; BROKERS &/OR AGENTS CANCELLATION
CLAUSE; SERVICE OF SUIT CLAUSE; LIEN CLAUSE; CL 380; CL 370; ASBESTOS
EXCLUSION; TRIA EXCLUSION; POLLUTION EXCLUSION CLAUSE; AMERICAN
INSTITUTE HULL CLAUSES; P&I FISHING VESSEL CLAUSES; SP-38 P&I
CLAUSES; U.S. ECONOMIC & TRADE SANCTIONS CLAUSE; EXCESS COLLISION
END; PREMIUM FINANCE END.

Amount Insured Hereunder: **\$250,000.00 H&M** **RATE: 3.45%**
\$1,000,000.00 P&I **AGREED**

PREMIUM **\$8,625.00 H&M** **DEDUCTIBLE: \$10,000 H&M**
\$15,900.00 P&I **\$5,000 P&I**

Any provisions required by law to be stated in policies issued by any company subscribing hereto, shall be deemed to have been stated herein. It is further agreed that each of the companies will issue their individual policies in accord with the terms described herein, upon demand by the Assured.

In witness whereof, the companies hereinafter named have caused this policy to be issued and signed by a duly authorized officer, attorney, or agent at Newport, Oregon this 23RD day of DECEMBER, 2006.

CERTIFICATE OF INSURANCE

RENEWAL OF:
OP05 4146Salvus Bain Management (USA) LLC
SeattleCERTIFICATE NO.
OP06 5158

THIS IS TO CERTIFY THAT Salvus Bain Management (USA) LLC in accordance with authorization granted them have procured insurance as hereinafter from: Underwriters at Lloyd's, London - 100%

ASSURED: F/V Point Loma Fishing Company, Inc.
c/o Old Point FisheriesADDRESS: P O Box 40 ,
Avila Beach, CA 93424

PREMIUM:	\$646.00
POLICY FEE:	\$125.00
TOTAL:	\$771.00

POLICY PERIOD: From: December 23, 2006 To: December 23, 2007
Both days at 12:00 NOON P.S.T. (Pacific Standard Time)

INTEREST COVERED: AS PER ATTACHED FORMS

1. It is expressly understood and agreed by the Assured by accepting this instrument that Salvus Bain Management (USA) LLC is not one of the Insurers hereunder and neither is nor shall be in any way or to any extent liable for any loss or claim whatever, as an Insurer, but the Insurers hereunder are only those whose names are on file as hereinbefore set forth.
2. If the Assured shall make any claim knowing the same to be false or fraudulent, as regards amount or otherwise, this Certificate shall become void and all claims hereunder shall be forfeited.
3. Unless otherwise provided herein, this Certificate may be cancelled on the customary short rate basis by the Assured at any time by written notice or by surrender of this Certificate to Salvus Bain Management (USA) LLC. This Certificate may also be cancelled, with or without the return or tender of the unearned premium, by Insurers, or by Salvus Bain Management (USA) LLC in their behalf by delivering to the Assured or by sending to the Assured by mail, registered or unregistered, at the Assured's address as shown herein, not less than 10 days' written notice stating when the cancellation shall be effective, and in such case Insurers shall refund the paid premium less the earned portion thereof on demand, subject always to the retention by Insurers hereon of any minimum premium stipulated herein (or proportion thereof previously agreed upon) in the event of cancellation either by Insurers or Assured.
4. This Certificate of Insurance shall not be assigned either in whole or in part, without the written consent of Salvus Bain Management (USA) LLC endorsed hereon.
5. This insurance is made and accepted subject to all the provisions, conditions and warranties set forth herein and in any forms or endorsements attached hereto, all of which are to be considered as incorporated herein, and any provisions or conditions appearing in any forms or endorsements attached hereto which alter the Certificate provisions stated above shall supersede such Certificate provisions insofar as they are inconsistent therewith.
6. This document is intended for use as evidence that insurance described herein has been effected against which Insurers' policy(ies) may be issued, and conditions of such policy(ies) when received by the Assured shall supersede conditions of this Certificate. Immediate advice must be given of any discrepancies or necessary changes.

This Certificate shall not be valid unless signed by Salvus Bain Management (USA) LLC

Dated at Seattle, WA this December 13, 2006

By

AES-CERT 5/02


Salvus Bain Management (USA) LLC COPY